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## More tools to help you keep your New Year's Resolutions

Many people use Jan. 1 as a start date for making positive changes in their lives. They often make resolutions to lose weight, limit alcohol, save money or quit smoking.

Health organizations and health departments across Kentucky and the nation are gearing up to assist smokers who want to begin 2006 smoke-free. Programs like the Cooper/Clayton Method to Stop Smoking combine nicotine replacement therapy with group counseling and behavioral modification during a 12-week period to help smokers quit. All health departments in the state offer the Cooper/Clayton program and many will start new groups this month.

Tobacco use and dependence is the leading preventable cause of death in Kentucky and the nation. Nearly 8,000 Kentuckians die annually as a result of tobacco-related disease.

"It's important to remember that these are more than just numbers," said DPH Commissioner William D. Hacker, M.D. "These people are our friends, neighbors and family members. They should not suffer and die of diseases that could have been prevented."

If your New Year's resolution is to remove tobacco from your life, services offered through local health departments can help.

"Our hope is that people will think about the effects tobacco is having on their health and give some serious consideration to quitting," said Irene Centers, program manager for the tobacco cessation and prevention program in the Department for Public Health (DPH). "The first of the year is a great opportunity to stop smoking, start living a healthier lifestyle and create a healthier environment in your home."

Kentucky's Tobacco Quit Line, 1-800-QUIT NOW, provides brief intervention and support for people who want to stop smoking or using other tobacco products. Highly trained cessation specialists answer calls Monday through Friday from 9 a.m. to 9 p.m. After hours callers can leave a message and a cessation specialist will return their call the next business day.



After the initial call, smokers may receive up to five scheduled call-backs from their counselor. The quit line staff will provide information about tobacco use and treatment options. Counselors will provide state and local resources to callers as another option for tobacco cessation. Parental consent is required for callers younger than 18.

Quit lines are one aspect of a comprehensive tobacco cessation network of services. Scientific reviews have established that proactive telephone counseling through quit lines is an effective cessation method. Additionally, the cessation specialists staffing the quit lines are master's-level counselors who have extensive experience.

Quit line (1-800-QUIT NOW) services are available in English and Spanish. TDY/TDD is available at (800) 969-1393. Counseling and materials are provided at no charge to callers.

Tobacco use remains the leading cause of preventable disease and death in the United States. Smoking is a major risk factor for the four leading causes of death: heart disease, cancer, stroke and chronic pulmonary disease.

Visit <http://chfs.ky.gov/dph/ach/tobacco.htm> for information on other tobacco cessation options.

## January 9-15 is National Folic Acid Awareness Week

The health advantages of eating a diet rich in folate, or making sure we supplement our diets with its folic acid, are overwhelming.

Folate is one of the B vitamins shown in studies to help maintain good health and enhance new cell development. It is found naturally in foods, while folic acid is its synthetic form found in vitamin supplements and fortified foods. Folate must be converted to folic acid before it can be used in the body. On food labels, folate refers to the B vitamin whether in natural or synthetic form.

Folic acid plays a role in many health functions including:

- DNA and RNA production to help the body make new cells;
- Red blood cell production which prevents anemia;
- Helps prevent birth defects of the brain and spinal cord such as spina bifida, anencephaly and encephalocele;
- Helps prevent changes or damage to DNA;



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- Protects against heart disease;
- Protects against colon cancer;
- Protects against periodontal disease; and
- May protect against dementia.

## How much folic acid do we need?

Men and women need 400 micrograms of folic acid daily. Pregnant women need 600 micrograms each day during their second and third trimesters, and breastfeeding women need 500 micrograms daily.

It is best for all women to take a multivitamin with 400 micrograms of folic acid. To help prevent birth defects, women should get this level of folic acid for at least three months before pregnancy and during the first trimester.

Heart disease is a leading cause of death for women, so adequate levels of folic acid is especially important for women's health.

It is also recommended that men take a multivitamin or supplement with 400 micrograms of folic acid for the important disease-prevention benefits.

The federal Centers for Disease Control and Prevention recommend a supplement or multivitamin that contains 100 percent of the daily value for folic acid.

## Sources of Folate

Folate is found naturally in dry beans and peas, leafy green vegetables and some fruits.

Since 1998, the federal government has required bread, cereal, pasta, flour and rice to be fortified with folic acid.

To be considered a good source, a food must contain 10 percent of the daily value. Food sources of folic acid containing at least 10 percent of the daily recommended level per serving include:

Liver, fortified cereal, fortified, grains, lentils, chickpeas, navy, pinto, or black beans, orange juice, spinach, Brussels sprouts, Romaine lettuce, avocado, split peas, greens, artichoke, asparagus, black-eyed peas, soybeans, papaya

Supplement Facts		
	Amount Per Serving	% Daily Value
Folic Acid	400 mcg	100%
Vitamin B12	6 mcg	100%
Pantothenic Acid	5 mg	50%
Calcium	450 mg	45%
Iron	18 mg	100%
Magnesium	50 mg	12%
Zinc	15 mg	100%

## Proof of health insurance coverage available online

All employees should have received their health insurance identification cards by Jan. 1. If you need proof of insurance before you receive your card, you may go to Humana's Web site at [www.Humana.com](http://www.Humana.com) and click on "View Letter of Coverage" on the first page of the site. You will be prompted to enter your social security number, zip code, date of birth and effective date of coverage (01/01/2006). Once the information is entered, all members covered under your policy will be shown. Click on the covered member for whom you need a Letter of Coverage in order to obtain health care services and print for your records. If you have any questions regarding your health insurance, contact the CHFS payroll administrator in OHRM who is assigned to your office/region; or contact the Personnel Cabinet's Department for Employee Insurance, Member Services Branch at (888) 581-8834 or (502) 564-6534.



## Resolutions for 2006: A new year, a new lifestyle, a new you

New Year's resolutions are made with such good intentions; but, when was the last time you made a resolution and really stuck to it?

Now is the time to start the New Year to become a new you by improving your health.

The process of behavior change is at the root of tendencies either to keep or give up on New Year's resolutions. Distinct stages are involved in the process of behavior change and each one requires specific action. Understanding this process and making the commitment to take the action needed to meet your resolution head-on are the keys to success.

A study of methods people use to quit smoking led to the development of the Stages of Change behavior model. The model has been validated and applied to a variety of health behaviors, including smoking cessation, exercise and nutrition.

Each stage in the model addresses a step in the gradual process involved in behavior change. Behavior changes can be difficult to achieve; but, using the Stages of Change model and setting realistic goals will help you along the way.

Stage in Model	Patient Stage
Pre-contemplation	Not thinking about change; May be resigned to the status quo; Feeling of no control and has given up trying to change; Denial, does not believe contemplated change or acquired information applies to self; Believes consequences are not serious.
Contemplation	Weighing costs and benefits of current behavior and proposed change, i.e., "I know I need to but..."
Preparation	Experimenting with small changes.
Action	Taking definitive action to change.
Maintenance	Maintaining new behavior over time. (It's very normal to cycle through the stages of change until the desired behavior can be sustained, but you should never give up.)
Relapse	Normal part of process of change; Usually feels demoralized; Focus on the successful part of your plan and continue to take positive steps toward getting back on track.

## Wanted: Wellness Ambassadors

Make a commitment to a healthier lifestyle in 2006 – become a CHFS wellness ambassador and share your progress toward better health.

The CHFS Wellness Committee is looking for CHFS employees to volunteer to let us track your efforts to lose weight, quit smoking, eat healthier, reduce stress or increase your physical activity level. We'll publish a running report on each wellness ambassador's experiences while working to achieve his or her health-related goals, including progress updates and personal tips and insights.

New Year's resolutions often fail because people set unrealistic goals at the onset. As part of the wellness ambassador program, the CHFS Wellness Committee will help both our volunteers and CHFS Focus readers with tips on how to set and achieve realistic goals.



Participation as a wellness ambassador is completely voluntary and participants' wishes will be honored with regard to how much or how little information you want to share with Focus readers.

The Wellness Committee is committed to helping CHFS employees make 2006 the year for a healthier you – and to do our best to help you have fun doing it.

A printable wellness ambassador application can be found at the following address: <http://chfs.ky.gov/olpa/dc/focus/>

## Research shows lifestyle, sense of purpose among keys to long life

While interviewing more than 50 people age 100 and older about their secrets of living longer, National Geographic magazine reporter Dan Deuttner noted: "There hadn't been a grump in the bunch." Deuttner's piece focused on findings from ongoing research partly funded by the National Institute on Aging.



Conventional wisdom already accepts healthy diet and exercise as good ways to extend years of life, but perhaps attitude plays a role, too.

The search for eternal life is a familiar theme in literature – Faust and Dorian Gray, and history – Ponce de Leon, ancient Egyptians and Mayans. Modern advances in medicine and health-related technologies have played important roles in extending the human life span with treatments and cures for once usually fatal conditions, including flu, infection and countless diseases.

The National Geographic article looked at three populations – the Seventh-day Adventists of Loma Linda, Calif., Sardinians and Okinawans – all of which boast longer-than-average life spans and many centenarians among their ranks.

Distinct from one another geographically and in their backgrounds and beliefs, scientists noted some common traits among the three groups. Their keys to longevity all revolve around, first, good genes and, second, good habits. Scientists found that, among older people studied for the project, smoking is unheard of; family is at the center of all life pursuits; physical activity is a daily routine; people remain socially engaged as they age; and diets are rich in fruits, vegetables and whole grains.



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Within the separate populations, unique traits also were noted: Loma Linda's Seventh-day Adventists eat nuts and beans, observe the Sabbath and embrace strong faith; residents of Sardinia in Italy drink red wine in moderation, share work burdens with spouses and eat pecorino cheese and other food sources of omega-3 fatty acids; and Okinawans maintain lifelong friendships, eat small portions and find purpose in life through work and sharing their wisdom and knowledge as revered elders in their communities.

And, as Deuttner observed, perhaps they've also found life-extending benefits in maintaining a positive outlook and retaining a sense of humor throughout life.

Read more about the aging institute study and meet some fascinating survey subjects in the November 2005 issue of National Geographic magazine. The National Institute on Aging of the National Institutes of Health leads federal support efforts for research on aging and the special needs of older people. For information about the NIA, visit <http://www.nia.nih.gov>.